**Qualifications for Cane Travel and Orientation & Mobility Instructors**

It is the intent of the Minnesota State Services for the Blind (SSB) to ensure a specified level of quality as regards to services purchased for customers in the area of travel training. SSB will require that any vendor meet one of the two levels of expertise outlined in this document.

**Qualified Level**

This level is meant to recognize:

A. The knowledge, skills and abilities of persons who have received training in cane travel/

O&M in addition to completing a University-based degree in a closely related field such as Rehabilitation Teaching. Qualification at this level requires the applicant to demonstrate the knowledge, skills, and abilities to travel, under sleep shades, as well as demonstrate teaching techniques used in cane travel.

B. Persons who have the knowledge, skills and abilities in cane travel/O & M through training from a specific facility that, in turn, employs this person. Qualification at this level is applicable only while the individual is employed by the recommending facility. Any change in employer will necessitate reapplication. SSB reserves the right to request observations, testing or additional documentation when reviewing any reapplication.

To meet the Qualified Cane Travel/O&M level, the vendor must submit all of the following:

1. Complete the enclosed application.

2. Complete the SSB Cane Travel O & M Competencies form. For option A above, this form is to be signed by the applicant that ultimately accepts responsibility for the skills and abilities. For option B above, this form is to be signed by the employer accepting the ultimate responsibility for the skills and abilities of the cane travel instructor.

1. For option A above, submit a letter containing a detailed description of the cane travel instruction completed including the length of your training, the conditions under which your training was conducted, the person and entity providing your training and their contact information. For option B above, submit a supporting letter completed by the facility director or his/her designee, detailing the knowledge, skills, and abilities and endorsement of the applicant.

1. Provide copies of your college transcripts showing completion of the closely related field and cane travel/O&M coursework.

5. Submit three letters of recommendation from adult students who have received

instruction from you. The instruction does not have to be cane travel/O&M.

**Advanced Level**

This level is meant to recognize persons who have received formal O&M, cane travel certification from a recognized national certifying agency (ACVREP, NCB, or NBPCB)

To be considered for the Advanced Orientation and Mobility level, the applicant must submit **all** of the following to SSB:

1. Complete the enclosed application.

2. Complete the enclosed competencies form. This form is to be signed by the applicant who accepts the ultimate responsibility for the skills and abilities.

3. Credentials from a recognized national certifying agency (ACVREP, NCB, or

NBPCB);

4. Three letters of recommendation from adult students who have received instruction from the applicant (the training does not have to be cane travel).

Please submit all materials to:

Jennifer Beilke

State Services for the Blind

2200 University Ave W suite 240

St. Paul, MN 55114

Phone 651-643-3541

Fax 651-649-5927

[Jennifer.Beilke@state.mn.us](mailto:Jennifer.Beilke@state.mn.us)

# CANE TRAVEL ORIENTATION AND MOBILITY INSTRUCTOR

# APPLICATION

FOR: \_\_\_\_\_\_\_\_ Qualified Cane Travel Instructor \_\_\_\_\_\_\_\_ Advanced O&M Instructor

(Check appropriate category)

**Applicant's Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(Last) (First) (Middle)

**Home Address**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Street)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (City) (State) (Zip Code)

**CurrentEmployment**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Phone**\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Street)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(City) (State) (Zip Code)

Starting Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Teaching contact hours per week: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Describe teaching and/or relevant work:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Use back of form to list additional experience)

Supervisor's name and work title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Certification (required for Advanced level):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Academic Degree(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Major studies:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

College/University:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dates attended:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Additional Professional Education: (list name/location; dates; credits/hours; and major studies)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# SSB CANE TRAVEL O & M COMPETENCIES

**A. Demonstrates the ability to assess individual student’s travel skills through:**

YES NO

Observation \_\_\_\_\_ \_\_\_\_\_

Formal/Informal Tests \_\_\_\_\_ \_\_\_\_\_

Active Lessons \_\_\_\_\_ \_\_\_\_\_

Interpretation of Data \_\_\_\_\_ \_\_\_\_\_

**Evaluation**

1. Is able to identify individual students' strengths and weaknesses relative to travel skills.

\_\_\_\_ YES \_\_\_\_ NO

2. Is able to project individual student’s needs while traveling in varied environments and under varied conditions. \_\_\_\_ YES \_\_\_\_ NO

3. Travel plans for students reflect assessment results. \_\_\_\_ YES \_\_\_\_ NO

**B. Demonstrates knowledge of those items to be utilized for orientation purposes with students.**

YES NO

Landmarks \_\_\_\_\_ \_\_\_\_\_

Clues \_\_\_\_\_ \_\_\_\_\_

Numbering Systems (indoor/outdoor) \_\_\_\_\_ \_\_\_\_\_

Compass Directions \_\_\_\_\_ \_\_\_\_\_

Recovery Techniques \_\_\_\_\_ \_\_\_\_\_

**Evaluation**

1. Is able to explain the use of compass directions in travel situations. \_\_\_\_ YES \_\_\_\_ NO

2. Is able to explain a systematic approach to locating specific address or room numbers.

\_\_\_\_ YES \_\_\_\_ NO

3. Individual student lessons reflect the use of environmental landmark and/or clues for

orientation purposes. \_\_\_\_ YES \_\_\_\_ NO

4. Teaches recovery techniques applicable to a variety of situations. \_\_\_\_ YES \_\_\_\_ NO

**C. Demonstrates knowledge of sensory utilization relative to independent travel:**

YES NO

Auditory \_\_\_\_ \_\_\_\_

Tactual \_\_\_\_ \_\_\_\_

Smell \_\_\_\_ \_\_\_\_

Posture/Gait \_\_\_\_ \_\_\_\_

Rate/Direction \_\_\_\_ \_\_\_\_

Impact on movement within space \_\_\_\_ \_\_\_\_

**Evaluation**

1. Teaches students the use of auditory, tactual, movement in travel experience.

\_\_\_\_ YES \_\_\_\_ NO

2. Ensures that students are aware of any gait or posture characteristics needing attention.

\_\_\_\_ YES \_\_\_\_ NO

3. Ensures that students are aware of the effect of rate and direction upon their travel skills.

\_\_\_\_ YES \_\_\_\_ NO

1. **Demonstrates the skills necessary to provide for students interacting in differing and**

**unfamiliar environment:**

YES NO

Familiarization \_\_\_\_ \_\_\_\_

Comfort \_\_\_\_ \_\_\_\_

Exploration (situational) \_\_\_\_ \_\_\_\_

Traveling plan skills \_\_\_\_ \_\_\_\_

Direction seeking/taking \_\_\_\_ \_\_\_\_

**Evaluation**

1. Ensures that the students know and can use familiarization techniques. \_\_\_\_ YES \_\_\_\_ NO

2. Situational exploration opportunities are provided to individual students as appropriate.

\_\_\_\_ YES \_\_\_\_ NO

3. Provides for students being successful at giving and receiving directions. \_\_\_\_ YES \_\_\_\_ NO

4. Allows students to plan independent travel activities. \_\_\_\_ YES \_\_\_\_ NO

**E. Is able to provide instruction in the use of the white cane in a variety of situations:**

YES NO

Familiar Indoor \_\_\_\_ \_\_\_\_

Unfamiliar Indoor \_\_\_\_ \_\_\_\_

Residential \_\_\_\_ \_\_\_\_

Heavy Business \_\_\_\_ \_\_\_\_

Light Business \_\_\_\_ \_\_\_\_

Suburban \_\_\_\_ \_\_\_\_

Rural \_\_\_\_ \_\_\_\_

**Evaluation**

1. Ensures that students are comfortable with travel lesson and the use of the cane.

\_\_\_\_ YES \_\_\_\_ NO

2. Makes sure that students can define and utilize street patterns in their travel experiences.

\_\_\_\_ YES \_\_\_\_ NO

3. Ensures that students are aware of and use common traffic control (lights, signs).

\_\_\_\_ YES \_\_\_\_ NO

4. Permit students to exhibit the ability to make street crossings in a variety of situations.

\_\_\_\_ YES \_\_\_\_ NO

5. Teaches students use of public transportation. \_\_\_\_ YES \_\_\_\_ NO

6. Teaches techniques for travel in a variety of weather conditions. \_\_\_\_ YES \_\_\_\_ NO

1. **Demonstrates the ability to plan appropriate lessons based upon an expectation of typical**

**and normal human growth, development, and progress. \_\_\_\_YES \_\_\_\_ NO**

**Evaluation**

1. Lessons are individualized and/or adapted to student needs. \_\_\_\_ YES \_\_\_\_ NO

2. Environments are analyzed and selected so as to provide optimum learning on the part of the

Student. \_\_\_\_ YES \_\_\_\_ NO

3. Works with students as to the setting of travel goals and other mobility topics.

\_\_\_\_ YES \_\_\_\_ NO

4. Is aware of and accommodates additional handicaps during travel lessons

(medical/physical/sensory). \_\_\_\_ YES \_\_\_\_ NO

5. Uses solo lessons, drop‑off lessons and group instruction as appropriate teaching strategies.

\_\_\_\_ YES \_\_\_\_ NO

1. **Where appropriate, demonstrates the knowledge necessary to make a student aware of**

**additional or alternative travel tools. \_\_\_\_ YES \_\_\_\_ NO**

**Evaluation**

1. The use of an individual’s vision during travel is assessed (formally/informally).

\_\_\_\_ YES \_\_\_\_ NO

2. Optical aids and non‑optical aids are utilized during travel experiences where appropriate.

\_\_\_\_ YES \_\_\_\_ NO

3. Students, where appropriate, are provided information relative to:

YES NO

Electronic \_\_\_\_ \_\_\_\_

Dog Guides \_\_\_\_ \_\_\_\_

Human Guides \_\_\_\_ \_\_\_\_

Physical Adaptation \_\_\_\_ \_\_\_\_

4. Is able to develop and use tactile materials relevant to travel skills. \_\_\_\_ YES \_\_\_\_ NO

1. **Demonstrates the organizational and communication capabilities to facilitate educational**

**activities. \_\_\_\_ YES \_\_\_\_ NO**

**Evaluation**

1. Is able to organize, design, develop, and evaluate travel programs. \_\_\_\_ YES \_\_\_\_ NO

2. Can provide for public education and advocacy activities through public speaking, in‑service

activities, and written or verbal communication. \_\_\_\_ YES \_\_\_\_ NO

3. Exhibits lesson preparation, planning, and record keeping. \_\_\_\_ YES \_\_\_\_ NO

**I. Applicant has demonstrated the following competencies relative to his/her teaching abilities.**

**\_\_\_\_ YES \_\_\_\_ NO**

**Evaluation**

1. Motivates the student and instills a positive attitude regarding adjustment to blindness.

\_\_\_\_ YES \_\_\_\_ NO

2. Knows anatomy of the eye and the functional limitations of common pathologies.

\_\_\_\_ YES \_\_\_\_ NO

3. Has knowledge of major physical and mental disabling conditions. \_\_\_\_ YES \_\_\_\_ NO

4. Plan for changes occurring with aging and can identify age-specific needs. \_\_\_\_ YES \_\_\_\_ NO

5. Involves student in planning. \_\_\_\_ YES \_\_\_\_ NO

6. Knows of major services, community resources, organizations for blind and refers students

appropriately. \_\_\_\_ YES \_\_\_\_ NO

7. Uses the basic principles of adult learning theory. \_\_\_\_ YES \_\_\_\_ NO

8. Plans for the "generalization of skills" and encourages students to develop problem‑solving skills.

\_\_\_\_ YES \_\_\_\_ NO

9. Provides consultation to other rehab personnel, family members and community workers.

\_\_\_\_ YES \_\_\_\_ NO

10. Monitors the safety of a student on a mobility lesson. \_\_\_\_ YES \_\_\_\_ NO

**J. Applicants for this level must, at some point in their training, demonstrate the ability to use**

**the white cane when traveling.**

YES NO

In indoor situations \_\_\_\_ \_\_\_\_

In outdoor situations \_\_\_\_ \_\_\_\_

In residential situations \_\_\_\_ \_\_\_\_

In urban situations \_\_\_\_ \_\_\_\_

Using mass transit \_\_\_\_ \_\_\_\_

In signing this form I agree that all competencies have been observed and are accurate to the best of my ability.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor's Signature (Required for Qualified B Cane Travel/O&M Instructor)

In signing this form I agree that I have accurately represented my knowledge, skills, and abilities and assume responsibility for my actions or inactions as a Qualified A or Advanced Cane Travel/O & M Instructor.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Applicant